DISCRETIONARY PROJECT APPLICATION DETERMINATION OF PUBLIC CONVENIENCE OR NECESSITY

FOR DEPARTMENT US	E ONLY			
Case Numbers	DPLU	DPW	Health	Other
	F/D _	F/D	F/D	F/D
	F/D _	F/D	F/D	F/D
	F/D	F/D	F/D	F/D
	F/D	F/D	F/D	F/D
ENV.#	F/D			
W/N#	DPL	.U Deposit		
		-		
TOTALS				
TOTALS	+ +	PDPW	+= Health & Others	TOTAL
CASE NUMBER				
CASE NUMBER				
OWNER'S NAME		F	Phone:	
Address:				
City:		State:		Zip:
APPLICANT'S NAME: _		F	Phone:	
Address:				
				Zin:
City:				Zip
PREMISE ADDRESS: _				
City:				
Phone:				
				

PLEASE COMPLETE THE FOLLOWING:

1.	Premise Assessor's Parcel Number
2.	Premise Census Tract
3.	ABC License Type
4.	Type of Business (bar, mini-mart, gas station, etc.)
5.	Describer uses/activities that will be included as part of the business.
6.	New or existing business?
7.	Previous ABC licenses at this address?
8.	Have you had previous licenses at other sites? Where?
9.	Number of other retail outlets (stores, bars, restaurants, etc.) selling alcohol within a 1,000 foot radius of proposed site?
10.	Location of nearest dwelling units with 1,000 feet.
11.	Location and names of schools within 1,000 feet.
12.	Location and names of playgrounds, youth facilities or day care facilities within 1,000 feet.

APPLICANT'S STATEMENT

Attach a statement or explain below why Public Convenience o issuance of this proposed alcoholic beverage license.	r Necessity would be served by the
Signature or Owner or Authorized Agent (Attach a letter of a	uthorization for any agent):
Date	
FOR DEPARTMENT USE ONLY	
Thomas Bros. Map Page No.:	Community Plan Area:
Planning Sponsor Group:	Supervisor District:
Use Regulations at the site:	
Is the proposed use permitted by the Use Regulations applying to the site?	l
Unresolved Health or Building Code violations of record at the site?	
Technician's Comments:	
Reviewed by:	Date:

DPLU-655 (04/03)